



PA Polio Survivors Network

Information and Inspiration
for All Polio Survivors and Their Families

Serving the Keystone State and Beyond

www.polionetwork.org

November, 2021

Our Mission:

To Be in Service Providing Information to Polio Survivors, Post Polio Support Groups, Survivor's Families and their Caregivers.

Inside this Issue:

Kinesiology Tape and Stability: A member of the Post-Polio Coffee House asked about taping joints. We contacted a licensed physical therapist and asked her to explain how and why using taping can be beneficial for polio survivors.

Nerve Blocks: What is a nerve block and is it bad for those who suffer from PPS? [Marny K. Eulberg, MD](#) is here to help answer that question. An experienced and supportive primary care physician, Dr. Eulberg is available to answer your questions. You can find all of her work on our website: Articles/Resources: Primary Care Perspective. Email your question to us at: info@papolionetwork.org

She is truly resilient from her head to her toes: Editor's Note: My son is an avid fly fisherman and came across her video that was published by Orvis. We contacted Marty and learned there was far more to her marvelous survivor story than her passion for fly fishing. Working with Martha (Marty) Loudder to publish her story has been fun and quite the unique experience!

Have YOU ever wondered about how things could have been different? Survivor Don Hunter has given us permission to publish his poem. Don's beautiful words can speak to so many of us who wish in the back of our minds that we hadn't had something called Polio.

A New Video Presentation from Dr. Bruno "COVID-19 - Polio déjà vu": [Richard L. Bruno, HD, PhD](#) introduced the "[Post-Polio Education Initiative](#)" with this video presentation presented virtually to 60 Rotary Clubs in the Ontario Canada area. Dr. Bruno compares the polio epidemics to the COVID pandemic to find lessons that could help polio survivors with PPS and everyone exposed to COVID. This informative video is easily available in the [Encyclopedia of Polio and PPS](#).

From Polio Survivor and Rotarian Susanne Rea:

Polio Eradication has many sweet stories.

Sadiq ullah from Pishin (Pakistan) gets his three-year-old daughter vaccinated during every polio immunization campaign in his area. She happily gets her "pinkie" finger painted purple each time, showing that she's been vaccinated.

He has chosen a healthy and polio free future for his little one. The ability to deliver these precious drops of life are happening because of the devoted community members who are able to do their job because of Rotary and their partners in the Global Polio Eradication Initiative (GPEI).

Source: Adapted from a post on EndPolioNow August 3, 2021





Nerve Blocks

[Marny K. Eulberg, MD](#)

Question: What is a nerve block and is it bad for those who suffer from PPS?

Dr. Eulberg's Response: A nerve block usually refers to injecting some form of local anesthetic and possibly a steroid around a nerve primarily for the purpose of stopping/controlling pain. It is nearly always intended to be temporary (from a few hours to a few weeks- even a month), but techniques can be done to more permanently block or destroy the nerve if the temporary ones have worked and a longer lasting effect is desired.

Spinal anesthesia and epidural anesthesia can also be considered forms of nerve blocks as can the type of numbing done by dentists for dental work or the local anesthesia to repair a laceration or remove a skin lesion.

There is no reason to think it would be any more risky in persons with PPS than it is in the general public. There is a very low (less than 1% risk) of injection into the nerve and possible permanent nerve damage). This article about Nerve Blocks is well written. I hope it helps.

Pain Management and Nerve Blocks

Medically Reviewed by [Tyler Wheeler, MD](#)

WebMD

Nerve blocks are used for [pain treatment](#) and management.

Often a group of nerves, called a plexus or ganglion, that causes pain to a specific organ or body region can be blocked with the injection of [medication](#) into a specific area of the body. The injection of this nerve-numbing substance is called a nerve block.

How Are Nerve Blocks Used?

There are different kinds of nerve blocks used for various purposes.

- Therapeutic nerve blocks are used to treat painful conditions. Such nerve blocks contain local anesthetic that can be used to control acute pain.
- Diagnostic nerve blocks are used to determine sources of pain. These blocks typically contain an anesthetic with a known duration of relief.
- Prognostic nerve blocks predict the outcomes of given treatments. For example, a nerve block may be performed to determine if more permanent treatments (such as surgery) would be successful in treating pain.
- Preemptive nerve blocks are meant to prevent subsequent pain from a procedure that can cause problems including [phantom limb](#) pain.
- Nerve blocks can be used, in some cases, to avoid surgery.

Types of Nerve Blocks

Various areas of pain require different nerve block types. Below are a few of the available nerve blocks and some parts of the body where they are used.

- Trigeminal nerve blocks (face)
- [Ophthalmic](#) nerve block (eyelids and scalp)
- Supraorbital nerve block (forehead)
- Maxillary nerve block (upper jaw)
- Sphenopalatine nerve block (nose and palate)
- Cervical epidural, thoracic epidural, and lumbar epidural block (neck and back)
- Cervical plexus block and cervical paravertebral block ([shoulder](#) and upper neck)
- Brachial plexus block, elbow block, and wrist block (shoulder/arm/hand, elbow, and wrist)
- Subarachnoid block and celiac plexus block ([abdomen](#) and pelvis)

Other Nerve Blocks

Other types of nerve blocks include:

- Sympathetic nerve block:** A sympathetic nerve block is one that is performed to determine if there is damage to the sympathetic nerve chain. This is a network of nerves extending the length of the spine. These nerves control some of the involuntary functions of the body, such as opening and narrowing [blood](#) vessels.

continued

•**Stellate ganglion block:** This is a type of sympathetic nerve block performed to determine if there is damage to the sympathetic nerve chain supplying the head, neck, chest, or arms and if it is the source of pain in those areas. Although used mainly as a diagnostic block, the stellate ganglion block may provide pain relief in excess of the duration of the anesthetic.

•**Facet joint block:** Also known as a zygapophysial joint block, the facet joint block is performed to determine whether a facet joint is a source of pain. Facet joints are located on the back of [the spine](#), where one vertebra slightly overlaps another. These joints guide and restrict the spines movement.

Side Effects and Risks of Nerve Blocks

Nerve blocks do have risks and side effects. They include:

- Elevated [blood](#) sugars
- [Rash](#)
- [Itching](#)
- [Weight](#) gain
- Extra energy
- Soreness at the site of injection
- Bleeding
- Death (in rare cases)

Although many kinds of nerve blocks exist, this treatment cannot always be used. If your pain isn't related to pain in a single or small group of nerves, nerve blocks may not be right for you. Your doctor can advise you as to whether this treatment is appropriate for you.

Source: <https://www.webmd.com/pain-management/guide/nerve-blocks>



Have You Ever Wondered ?

By Survivor Don Hunter

Have you ever wondered?

And really closed your eyes, If only for a moment, And thought of special times.

Of a special person, That existed in your mind?

And imagined you were dancing or, walking on a beach, With a special person, That existed in your mind.

The one you held so very tight, On a special night.

When you danced upon a beach, 'til the early morning light! If only in your mind.

Have you ever wondered?

And really closed your eyes, If only for a moment. And thought of special times, Of a special person, That existed in your mind?

And imagined you were skating.

And imagined you were running.

Or imagined you were biking.

With a special person, The one you held so very tight, On a special night.

When you danced upon a beach, Til the early morning light!

If only in your mind.

Perhaps it was, just a dream, That hopefully comes true.

For some of us as you know, It's a dream, That never will.

But even so we still dance,

On a special night,

On a special beach,

With a special person,

'Til the early morning light!

If only in our mind.





Kinesiology Tape and Stability

[Richard L. Bruno, HD, PhD](#)

Director, International Centre for Polio Education

Question: Can you explain the use of kinesiology tape for stability or to slow atrophy ?

Additional Post: I have used kinesiology tape with the guidance of a PT. After a fall, the muscles in/around my knee were really painful. My PT showed me how to tape it and had me text her photos the next time I did it myself. She also asked me to make sure it was taped prior to my next appointment with my rehab doc so he could give it the OK (or not) – and he did. It doesn't affect how my brace fits at all. It's inexpensive, easy to put on and it REALLY helps the pain.



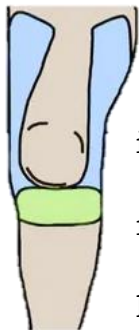
Dr. Bruno's Response: Kinesiology tape might help joint stability. A physical therapist would need to teach you how to tape and it would require you taping your joints every day. Bracing is easier and more effective but taping can be used to stabilize non-braced areas. Taping won't slow atrophy.

We consulted a PPS experienced Physical Therapist for some help with this question:

Do You Need Additional Support for your Joints? Have you heard about taping?

Janet Drake Whalen, PT, DPT

Physical Therapists may use tape as an adjunct to treatment to achieve a desired outcome. There are various types of tape and applications. The most commonly used are rigid or elastic.



You may have seen professional athletes with tape on their shoulders or knees. This type of taping is called Kinesio Taping (KT) which allows support to the muscles, joints and soft tissue without restricting range of motion. KT can be stretched up to 120+% of its original size lengthwise.

With this elasticity it allows the athlete to participate in activities while they are recovering from a minor or moderate injury.

Kinesio taping has been shown to have positive physiological effects on the skin, lymphatic vessels, muscles, tendons and soft tissue. It helps to reduce pain and improve muscle function by enhancing weak muscle function and relax overused muscles. It is inexpensive and easy to use. I often teach patients how to apply it themselves.

A more rigid tape technique is McConnell Taping. This taping technique is often used in patients with [patellofemoral](#) pain syndrome (kneecap) or shoulder issues. Due to its rigidity and highly adhesive tape it can be worn up to 18 - 24 hours (longer if it doesn't get wet or isn't irritating to the skin). This technique consists of 2 different pieces of tape. The bottom tape which is directly on the skin is white and provides protection for the skin. The second piece of tape is rigid and provides support to the joint it covers. By providing this support to the muscles and fascia around the joint, Complaints of pain can be significantly reduced. At the same time, patients become more aware of the proper positioning of their body parts in relation to muscles and joints.



In the shoulder, the tape assists in the position of the ball of the [humerus](#) in its socket also assisting in postural awareness. This taping technique is effective to support joints due to muscle weakness experienced by many polio survivors.

Tape should not be used on skin that is fragile or allergic to adhesives and skin should be monitored for several hours after application. If there is any redness or itching, the tape should be removed.

Martha (Marty) Loudder Resilient from her Head to her Toes

I contracted polio in Amarillo, Texas in October 1952, when I was 3 1/2 years old. My brother, Stan, who was a year younger, also had similar symptoms, but fortunately he never developed paralytic polio. No one in my family knows where I might have contracted the virus. Upon diagnosis I was flown by private plane to McBride Bone and Joint hospital in Oklahoma City. I stayed in a large polio ward for about six weeks, receiving physical therapy, including the Sister Kenny water treatments.

During the acute phase, my arms and legs were both paralyzed, but the use of my legs returned pretty quickly after a few weeks. I still couldn't walk, but I learned how to play with my toys using my feet. I recovered some of the strength in my left arm, but my right arm remained paralyzed. By the time I left the hospital I could walk well and use the lower part of my left arm. I was fitted for braces that supported both my arms and kept my back straight. I don't have very accurate memories of this time because I was so young, so most of my recollections about that time come from accounts of my family members.



Stan and Marty – together again after her hospital stay.

I don't have any childhood memories of feeling like an invalid. My parents continued the warm water treatments followed by stretching exercises for all my limbs for several years. My younger brother constantly acted like a little brother, and we played a lot even though I was limited in what I could do. My parents were very protective, and I was never really asked to do anything that would be difficult for me. In fact, they discouraged me from any rough and tumble play with my brother. But that didn't deter either of us when they weren't looking! I wasn't completely defenseless - he loved to recall that I could pinch a blood blister on his leg using my talented strong toes.



Stan and Marty having their "in home" Sister Kenny treatments.

I was anxious to start first grade. I learned to read when I was four by looking at the words in children's books as my mother read to me. When I was in first grade and learning to write, my paper kept slipping around on the desk because my right arm could not hold it down. My parents knew that when I was in the hospital, I had learned to use my feet to substitute for my arms! My dad brought home one of the little desks from my classroom, and he built a device that had a clipboard clip on the top of the desk that was operated by a pedal on the floor that I could push

with my feet. I also taught myself to write with my feet and discovered I could do far more with my legs than walking.

I had to wear the braces until I was 12, but overall, I had a very normal kind of life. I was never bullied by kids or made fun of. I was very lucky to live in a place where that was just not acceptable behavior for anyone. That same year, my parents took me back to the McBride hospital to have surgery on my left thumb because I had no opposable thumb muscle (I was unable to "flex" or "rotate" my thumb). The operation was highly successful and I had very good use of my thumb and fingers for most of my life. They are now weaker due to PPS.

I loved school and excelled at it and planned to go to college. The Texas Rehabilitation Commission pays for tuition and books for disabled students to attend college. In my first

interview with my state counselor, he asked me what I would like to do when I finished college. I told him that I would like to teach, but he said that would not be physically possible for me. He told me to find another career. (I wish I could find him now and tell him I taught for over 35 years!)

I loved going to college and everything I took was my “new” major. I was interested in everything. In the midst of it all, I married my high school sweetheart and had a son. I could change a cloth diaper using one arm and my feet! I took an accounting course simply to get some knowledge of business and fell in love with it. After four years I had a degree in accounting. I was one female in a group of about 250 males. It was 1971 and though I graduated in the Top 10%, no accounting firms would hire me because I was a woman (an action that was not illegal at that time). They said it straight to my face! Finally, a state agency hired me and I stayed there for a number of years.

My husband and I divorced. I remarried a man with three children and we’ve been together ever since. His precious children call me “Other Mother.”

Fast forward . . . I decided in 1985 that I wanted to pursue a PhD and teach at the university level, so I started graduate school at Arizona State in 1986. After graduating, I joined the faculty at the Mays Business School, Texas A&M in 1989. I became a Senior Professor in Accounting and served as Associate Dean of Undergraduate Studies from 2006-2018. I retired in May 2021.

While I was in Arizona, I started noticing some serious fatigue in my left arm while typing or using a calculator. I just blew off the increasing weakness until I read an article about PPS and how it was just being recognized as a real thing, but without a known cause. I found that a large hospital in Phoenix had opened a free clinic to study and treat polio survivors experiencing new symptoms. They did a thorough exam, that included many specialists, to rule out other causes.

Once properly diagnosed, therapists helped me learn how to use my remaining muscles in smart ways to slow further damage. They built a sliding wrist rest for me to use at a keyboard and recommended low-effort steering for my car. These strategies helped a lot, but learning how to read my body for warning signs of fatigue was very difficult after a lifetime of believing in “no pain, no gain.” I work hard to maintain what strength and flexibility I have in my legs and core muscles. I have a knowledgeable personal trainer who is very careful never to let me work my muscles to a point of overuse.

I love fishing. My son taught me how to fish on our back-yard pond with a regular casting rod, and then the next thing I knew my husband had ordered me a six-foot fly fishing rod. I always wanted to learn how to fly fish. I knew it would be hard, but, I wanted to learn. How do I fly fish with only minimal use of one arm? I use my legs and my feet. It’s a lot harder for me to fly fish than it is for most others. Even so, I realize that if you persist at something you really want to do, you will eventually be able to do it well enough that it will give you great pleasure – even if you have to do it differently than other people.



Marty and George with their blended family.



Stan and Marty – fishing buddies.

Martha (Marty) Loudder (continued . . .)

Polio has enhanced my creativity because I have to figure out how to do things differently from everyone else. I became a certified scuba diver at age 40, and recently started to do art, a latent talent that I never knew I had.

Making the video "[Toe to Toe with Trout](#)" with Orvis was quite the adventure and one I wouldn't change.

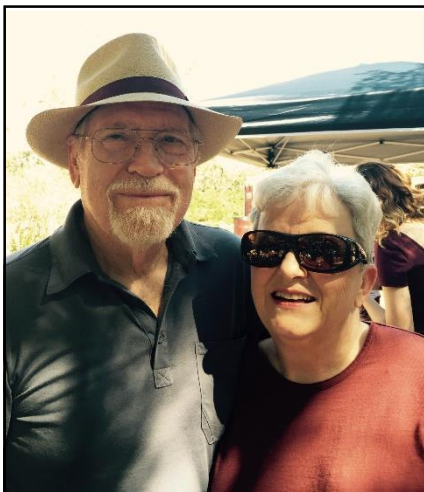
It's probably no surprise that I don't tolerate anyone saying they can't do something. If I can learn to do it with my feet, you can learn to do it with your hands.

A trait that I have learned over my life is resilience.
You don't ever give up.

Martha L. Loudder, PhD
Sr. Professor of Accounting (Retired)



Marty reels in a Brown Trout by using her feet (with guide Marcus Rubbo).*



Marty and George



Marty and her son Brent *



Scuba diving with George



Stan and Marty – happy in her new braces.



Marty's artwork: Paint Horse in Charcoal

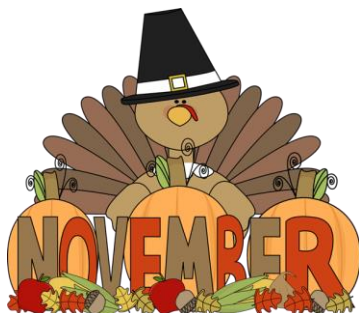
* Photo Sources: News.Orvis.com and Marty Loudder

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